

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200536990
Claim Number :	24-03L322368
Date Submitted :	10/4/2005

Insurer Information

Insurer Name		Coverage Type	
CHICAGO INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
36-6042949			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Ruby		Thompson
Street Address			
33 West Monroe			
City		State	Zip
Chicago		IL	60603
Phone	Ext	Fax	E-Mail Address
(312) 456 - 5227		(312) 577 - 9507	rthomps2@ffic.com

Insured Information

Type	First Name	MI	Last Name
Individual	Frank		Urban
Insurer Type	Street Address of Practice		
Licensed	4730 NW 2ND AVE		
City	State	Zip Code	County
BOCA RATON	FL	33431-4813	Palm Beach
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
psp 3000963	\$1,000,000	\$3,000,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME71689	Neurology - including child - no surgery - All Other		

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		F	Palm Beach
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
Location of Institutional Injury		Other Location of Institutional Injury	
Date of Occurrence		Date Reported to Insurer	
5/16/2002		9/9/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
patient presented with a 8 year history of tingling and numbness of both legs and feet
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
insured did physical examination and ordered several test.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
patient was diagnosed with cancer in left gluteas.
Principal Injury Giving Rise To The Claim
failure to diagnose cancer
Severity Of Injury
Permanent: Significant - Deafness, loss of limb, loss of eye, loss of one kidney or lung.

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit	Circuit Court Case Number *NR
County Suit Filed in *NR	Date of Final Disposition 7/21/2004
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
Final Method of Claim Disposition Settled by parties	
Court Decision No Court Proceedings.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment 7/20/2004	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$250,000
Loss Adjust Expense Paid to Defense Counsel	\$11,666
All Other Loss Adjustment Expense Paid	\$5,184
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$75,000
Wage Loss	\$175,000
Other Expenses	\$0
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely none	

Updates
No updates found.